



CORRIDORS OF HOPE REGIONAL HIV/AIDS CROSS-BORDER PREVENTION PROGRAM



SECONDARY ANALYSIS AND DOCUMENT REVIEW

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INTRODUCTION

This report is the result of a secondary data analysis, document review, and field visits to Corridors of Hope sites. It is designed to be a brief summary of the successes and challenges faced in three key areas: 1) Behavior Change Communication Strategy; 2) Service Delivery; and 3) Monitoring and Evaluation, in order to inform the program review team of the Corridors of Hope Regional HIV/AIDS Cross-Border Prevention Program that will take place in January 2005.

The Corridors of Hope (COH) initiative was launched in September 2000 as a part of the Regional HIV/AIDS Program for Southern Africa (RHAP) to target high transmission populations at cross border sites primarily with prevention interventions. COH has three core activities: 1) Sexually Transmitted Infection (STI) treatment and referral; 2) Condom social marketing; and 3) Behavior change promotion. The initiative now works in eight countries, of which four are focus countries of the President's Emergency Plan for HIV/AIDS: South Africa, Zambia, Namibia, and Mozambique; two are USAID and CDC non-presence countries: Lesotho and Swaziland; and two have bilateral missions: Malawi and Zimbabwe. In addition, Angola and Botswana are a part of the RHAP region, although they do not yet have COH activities.

Corridors of Hope works with four main collaborating agencies: Family Health International (FHI), MEASURE Evaluation, POLICY Project, and Population Services International (PSI). These agencies are currently working at 41 sites, and have agreements with 12 sub-partners in the region.

The information included in this report is taken from previous program assessments, partner quarterly reports, presentations, meeting notes, discussions with stakeholders, and site visits. The list of reviewed documents is also included so that the program assessment team can obtain more detailed information in its effort to prepare a statement of work for a new program award addressing the management and implementation of a revised Corridors of Hope program.

I am grateful to everyone who assisted me with this review, including the dynamic peer educators, program coordinators, and RHAP team!

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Chronology of Corridors of Hope Program

- Feb 2000:** RHAP launched with one staff person in USAID/SA
Main objectives: 1) To work with high risk cross-border populations; 2) To support the development of national policies; and 3) To expand access to the information generated by the project.
- Sept 2000:** COH initiated in three countries with four program sites
Core activities: 1) STI interventions and activities; 2) Condom social marketing; and 3) Promoting behavior change
- Oct 2000:** Cross border site activities begin in Messina, South Africa and Chirundu, Zambia
- Nov 2000:** Cross border site activities begin in Maseru and Maputsoe, Lesotho
- June 2001:** Agreement signed with MEASURE Evaluation to develop and implement program-wide monitoring & evaluation

Rapid Behavioral Assessment conducted in Katima Mulilo, Namibia; Katima, Zambia; Kongola, Namibia; and Ngoma, Namibia on five risk groups; second phase to be conducted in November
- Sept 2001:** PSI begins activities in South Africa, with plans for Lesotho and Namibia
- Oct 2001:** MEASURE Evaluation initiates activities
Key foci: Coverage of behavior change interventions, condoms, STI care services, sexual behavior, and treatment-seeking behavior
- Nov 2001:** Malawi HIV/AIDS Cross Border Project Baseline Survey
- April 2002:** Official launch of Malawi COH Program
- Sept 2002:** RHAP Health Officers Meeting, Cape Town, SA
RHAP Partners Meeting
RHAP Biannual Meeting, Zimbabwe
- March 2003:** Project Review of Family Life Association of Swaziland (FLAS)
Objectives: 1) Reconceptualise the BCC component; 2) Develop a scope of work for the project; and 3) Design a budget for April 2003 – March 2004
- April 2003:** RHAP BCC Workshop for Implementing Partners, South Africa

Objectives: 1) Increase understanding of BCC; 2) Analyze existing programs from a BCC viewpoint; 3) Increase capacity of participants to implement BCC programs in their sites

Phase II of Zambia Cross Border Initiative launched

June 2003: RHAP Vulnerable Women Workshop, South Africa

Official launch of Mozambique COH Program

Project Review of Project HOPE in Malawi conducted by Project Support Group (PSG)

Purpose: To assist Project HOPE with the development of systems to enumerate target populations, develop monitoring instruments for use by peer educators, and to create a motivation plan for peer educators

July 2003: HIV/AIDS Peer Education Project Planning, Management and Monitoring Course for RHAP Implementing Partners, Zimbabwe
Purpose: To provide RHAP partners with skills on how to effectively plan, implement, and manage community HIV prevention projects

Aug 2003: CDC/Southern Africa becomes operational

Sept 2003: MEASURE Monitoring and Evaluation Workshop for RHAP Implementing Partners, Zimbabwe
Purpose: monitoring and evaluation of peer education projects

Oct 2003: Situational Analysis of BCC in Swaziland, Lesotho and Namibia
Purpose: To ascertain the specific dynamics that drive the HIV epidemic along borders

Nov 2003: RHAP Stakeholders Strategy Design Meeting
Purpose: Solicit input from current and potential stakeholders into the development of a new USAID/CDC Southern Africa Strategic Plan to combat HIV/AIDS

March 2004: Regional Program Meeting

Monitoring and Evaluation Meeting for RHAP COH Partners

Rapid Appraisal of Home and Community Based Care Program (HCBC) conducted in Lesotho

April 2004 Review of RHAP HIV/AIDS Strategic Plan FY 2004 - 2008

April 2004: New RHAP Strategy approved

- May 2004:** BCC Materials Development Workshop
Purpose: Build the capacity of participants in material design and development. Corridors of Hope/Zambia adopted the theme “Together We Win.”
- June 2004:** Monitoring and Evaluation Training Workshop for RHAP Implementing Partners – Boksburg, South Africa
During this training, conducted by PSG, partners were encouraged to refocus activities to core target groups.
- August 2004:** USG Rapid Appraisals for HIV/AIDS Program Expansion: Swaziland
- Sept 2004:** USG Rapid Appraisals for HIV/AIDS Program Expansion: Lesotho
- Sept 2004:** RHAP Regional Planning Meeting – Cape Town, SA

Corridors of Hope Collaborating Agencies & Sub-partners

Family Health International/IMPACT focuses on supporting outreach programs, STD control, and community mobilization. It also supports outcome evaluation and the dissemination of results through periodic reports, monographs, and a website

FHI Implementing Agency	Program Name	Country	Site
Project HOPE	Malawi HIV/AIDS Cross Border Behavioral Change Program	Malawi	Mulanje
CARE/Lesotho	Sexual Health and Rights Promotion (SHARP!) Program	Lesotho South Africa	Maseru Maputsoe Ficksburg Ladybrand
Centre for Positive Care (CPC)		South Africa	Musina Doreen Noordgrens Groblersburg
Family Life Association of Swaziland (FLAS)	Swaziland Targeted Prevention for Mobile Populations Project	Swaziland	Lomahasha Lavumisa Manzini Ngwenya
Society for Family Health/Zambia	Zambia Cross Border Initiative (CBI)	Zambia	Chanida/Katete Chipata Chirundu Kapiri Mposhi Kasumbalesa Kazungula Livingstone Lusaka Nakonde Ndola
World Vision/Zambia			
Zambia Health Education Trust (ZHECT)			
Project Support Group (PSG)		Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, Zimbabwe	

Population Services International (PSI) focuses on providing balanced communication messages for behavior change and safer sexual practices for mobile populations, making condoms more available and accessible to target groups including commercial sex workers and truck drivers, and enhancing the quality and availability of VCT and STI services.

PSI Implementing Agency	Country	Site
Population Services International	Lesotho	Maseru Maputsoe
Association of Widows and Single Mothers (AVIMAS)	Mozambique	Frigo Maputo Province Namaacha Ressano Garcia
Medicos del Mundos Portugal		
Social Marketing Association (SMA)	Namibia	Walvis Bay Katima Mulilo Caprivi Oshikango
Society for Family Health	South Africa	Musina Ficksburg Ladybrand
Population Services International	Swaziland	Manzini Mbabane Matsapha Ezulwini Ngwenya Lavumisa Lomahasha
Society for Family Health (SFH)	Zambia	Chanida/Katete Chipata Chirundu Kapiri Mposhi Kasumbalesa Kazungula Livingstone Lusaka Nakonde Ndola
Project Support Group (PSG)	Zimbabwe	Chirundu Victoria Falls Mutare Hwange Kazungula Plumtree
Hope Humana Development Aid from People to People (DAPP)		Nyamapanda Beitbridge

MEASURE Evaluation initiated activities in October 2001 with the goals of: 1) strengthening the monitoring systems at project sites; and 2) conducting outcome studies in select sites. Specifically, the program measures changes in coverage of behavior change interventions, coverage of condoms, coverage of STI care services, sexual behavior, and treatment-seeking behavior.

POLICY Project supports and provides assistance in the following areas: regional policy activities, networking and information sharing, and improved consistency and comparability of data. POLICY also supports Into the Limelight for maintenance of the RHAP website.

Overall Evaluation of Corridors of Hope Program

When the Corridors of Hope (COH) Program was first launched in September 2000, it included three countries with four program sites, and consisted of three core activities: 1) Behavior change promotion; 2) Condom social marketing; and 3) STI interventions and activities. The program was targeted at high risk cross-border populations, which focused mainly on commercial sex workers, truck drivers, and traders.

In the past five years, both the program and the HIV/AIDS epidemic have grown and changed. COH now includes programs in eight countries, with 41 program sites. Although the three core activities have been maintained, the methods and approaches have expanded. In addition, target populations have grown to include school-age youth, low-income women (street vendors, seasonal farm workers, garment factory workers), both internal and external migrant workers (miners, seasonal farm workers, garment factory workers), uniformed officers, teachers, nurses, traditional healers, doctors, pharmacists, taxi drivers, and bicycle riders. In addition, the HIV/AIDS epidemic in the COH countries has moved into the general population, rather than being confined to high risk populations.

In addition to the changes in the epidemic, some additional considerations for the program include:

1. The impact of the President's Emergency Plan for AIDS Relief, and the division of focus, non-focus, and non-presence countries;
2. Recent increase in resources and focus on Swaziland and Lesotho as two non-presence USG countries;
3. Existing funding mechanisms; and
4. The strategic direction of the Regional HIV/AIDS Program (RHAP).

There have been multiple assessments of various COH programs and activities over the past five years. Although many of the challenges and achievements of the program are unique to specific country programs, described below are some of the cross-cutting issues that impact the overall program.

Overall Program

- **Funding cycles**

Under the current funding mechanism, there is a slowdown in activities while new sub-agreements are processed. This affects the achievement of indicators, as well as staffing. In some cases, COH projects lose staff members who leave the project due to uncertainty of continued funding.

- **Target groups**

Target groups vary for each program. Although there has been a recent push to limit target groups to commercial sex workers and truck drivers, this may not be appropriate in every case. It is important to get additional feedback from the field regarding the selection of appropriate target groups to achieve the greatest impact.

- **Program Coordination**

The COH program is dependent on the collaboration of local organizations. Various partners expressed the need to have better coordination between COH partners in the field. There are various sites at which multiple COH partners work, yet activities are not managed collaboratively. Each partner and sub-partner organization has individual strengths that can be maximized through better coordination. In addition, partners mentioned that they are not always aware of the activities of other partners in the field.

- **Peer education**

Almost every COH program includes a peer education component. However, there is a great deal of variation in the programs. Although it is important to consider the cultural context and targeting of specific programs, there are some factors of the program that could be more consistent across countries. These areas include:

- 1) Consistency of messages

It was noted by the peer educators that messages promoted across COH countries are not consistent. This is especially important since the program works with mobile populations. For example, truck drivers have noted that they get different information from COH peer educators once they cross a border, even though they are theoretically all part of the same program. In some cases, this may be because the COH programs are tailored to national guidelines (for example, regarding appropriate breast feeding practices), however, this is not always the case.

- 2) Motivations/stipends

Peer educators are very interested in exchange programs with other COH sites. However, it is important to note that each program has a unique system of motivating peer educators. For example, in Swaziland, peer educators are given track suits, sneakers, t-shirts, and bags, and are very pleased with their uniforms. In Musina, South Africa, peer educators are given t-shirts and skirts. In Lesotho, peer educators do not have a uniform at all. Although this is limited by the availability of funds, it is an important consideration during site exchanges.

- 3) Program monitoring

COH peer education programs should have consistent monitoring approaches and training.

- 4) Focus on personal behavior change

Within COH programs, it would be useful to include a focus on personal behavior change. During site visits, it was noted that most of the peer educators have not accessed voluntary HIV counseling and testing services. In addition, many of the peer educators in COH programs were once sex workers, and although some report changes in personal behavior, it is not necessarily a focus of the program. In Swaziland, it was noted that peer educators were becoming pregnant, demonstrating a lack of condom use. This is an important missed opportunity.

- 5) Male Involvement

In general, there is still an overall lack of male involvement in COH peer education programs. Some countries have been more successful than others, which may be an important topic to discuss across programs.

6) Refresher trainings

In many cases, peer educators are approached with requests for counseling, detailed technical information, and other skills for which they may not have been trained. It is important to determine the appropriate skills for training, and referrals for other needs. In addition, it is important that peer educators have the most current information.

7) Training messages

During site visits, it was noted that some peer educators are giving incorrect information, or are not trained well. For example, some peer educators do not discuss sex as a mode of transmission if the target is considered to be old. Other peer educators discouraged the use of ART, telling truck drivers that ART is not a long-term solution. It is important to identify these areas for proper training.

Behavior Change Communication (BCC)

- **COH Branding**

In almost every Corridors of Hope country, the program has a different name. For example, it is called the HIV/AIDS Cross Border Behavioral Change Program, the Sexual Health and Rights Promotion (SHARP!) Program, the Targeted Prevention for Mobile Populations Project, and the Cross Border Initiative. In some countries, such as Lesotho, it was noted that billboards and posters had the SHARP! logo rather than the COH logo. This may be an area to consider in the overall program.

- **Message Development**

It is critical that a participatory collective community development approach, rather than a top-down approach, is used to develop BCC messages. This will help adapt materials to the local contexts, target groups, and language groups.

- **Language of materials**

In almost every country, informational materials are produced solely in English. This is not appropriate for many reasons. In most countries, many members of the target population do not read or speak English. This has been a limitation noted by many of the COH programs.

- **Target-group specific materials**

Materials are rarely appropriate for the specific target group being addressed.

- **Availability of materials**

FHI consistently reports a shortage of BCC materials at its program sites. In addition, the quality of BCC materials varies according to partner capacity.

- **Topics/Areas of focus**

There is very limited emphasis on delayed sexual debut, abstinence (including secondary abstinence), and partner reduction in COH programs. PSI noted that it is not part of its mandate to develop targeted messages. In light of the HIV/AIDS epidemic in COH countries and modes of transmission, it is critical that this is addressed.

- **“Commercial sex worker”**
It is important to consider the nuances of the term “commercial sex worker.” In many cases, women do not identify themselves in this manner, and may even find it offensive. There may be a need to segment the category of “commercial sex worker,” which may include women who engage in transactional sex, women who are highly mobile, women who are in situ at the border, or women who receive clients at their homes in the village. In addition, during site visits, it was noted that there are increasing cases of male sex work in COH countries.
- **Role of Corridors of Hope**
COH can provide sharing of lessons learned regarding BCC across programs and communities. During site visits, peer educators were especially interested in the BCC messages of other COH programs.

Service Delivery

- Counseling services at COH sites are not standardized.
- There is not a complete VCT package available at COH sites.
- Referral systems are not formalized at all sites.
- There is a lack of STI drugs across the region.
- There is a lack of female condoms.
- There is still not a continuum of care from prevention to support at COH sites.
- There is no funding available for income-generating activities.
- There is a general need to focus on service provision at COH sites.

Monitoring and Evaluation

- **Inconsistent reporting**
Quarterly reports of the two main partners, Family Health International and Population Services International, are not consistent. For example, PSI reporting is very quantitative, and does not include key qualitative information such as an explanation of the overall program, observed changes in behavior, peer educator concerns, etc. In the case of both FHI and PSI, even within one quarterly report, different information is reported by country. For example, the PSI Mozambique COH program does not report clients reached by gender, as it does for other countries. Finally, staffing, and changes in staffing, should be included for each site in the quarterly reporting.
- **Role of MEASURE Evaluation**
There were questions regarding the role of MEASURE Evaluation in the overall COH program, and how to ensure that outcome evaluations conducted by MEASURE are appropriate for the specific program.
- **Use of collected data**
There is some uncertainty about how collected data is being used to improve the program.
- **Standardized M&E methodology**
The program may want to consider adopting standardized program indicators.
- **Role of Corridors of Hope**

COH has the potential to enhance regional reporting, create regional databases, and provide technical assistance for standardized information systems that meet USG requirements.

ANGOLA

Although Angola is a part of the RHAP program, there are currently no Corridors of Hope activities in Angola.

BOTSWANA

Although Botswana is a part of the RHAP program, there are currently no Corridors of Hope activities in Botswana.

LESOTHO

I. Partners:

- CARE/Lesotho Sexual Health and Rights Promotion (SHARP!) Program, supported by Family Health International
- Population Services International

II. Sites & Activities:

Corridors of Hope (COH) Program activities began in November 2000. There are currently two COH Program sites in Lesotho: Maseru and Maputsoe. Maseru is the capital of Lesotho, and has a very active border. In Maputsoe, there are many garment factories that employ women. These factories often close without notice, and new management comes in to run the programs, hiring all new staff. Thus, many women wait outside the factories for weeks at a time, in case a job opportunity arises.

The overall goal of SHARP! is to protect and promote the livelihood security of individuals and households that are affected by HIV/AIDS. The COH program targets commercial sex workers and their partners, youth (ages 10 – 25), low-income women (street vendors, seasonal farm workers), migrant workers (miners, seasonal farm workers, garment factory workers), police, teachers, nurses, traditional healers, community, doctors and pharmacists.

The SHARP! activities in Maseru and Maputsoe include:

- Peer Education
Peer educators are youth, informal traders, sex workers, and others. They conduct talks and role plays, and distribute condoms.
- Free local condom outlets
These outlets are at non-traditional outlets such as police stations, village chief compounds, shebeens (local bars), petrol stations, and border posts.
- Resource centers: 2 in Maseru and 1 in Maputsoe

The resource center holds peer educator meetings, support groups for PLWHAs, a library, video shows, discussions, etc. Condoms are distributed free of charge, and STI referrals are made.

- Home based care
Peer educators visit families at least three times per week and provide basic care, including: bathing the patient, changing bed linens, feeding the patient, and cleaning the house.
- STI Referral
- VCT Referral

PSI implements the following activities:

- Stocks free condom outlets
In addition to its own condom outlets, PSI utilizes the trained SHARP! peer educators to distribute condoms. Free condom distribution sites are at high-risk areas, including: pedestrian areas in the border posts, STI clinics, bars and hotels.
- Condom Sales
PSI sells both male and female condoms through wholesalers, pharmacies, factories, and directly to individuals. The majority of sales are to workplaces.
- Communication Materials
Communication materials development includes outdoor media such as street poles and billboards, as well as informational brochures.
- Sports Activities/Promotions
PSI sponsors soccer and netball tournaments for factory employees. It also holds promotions in bars and factories. Finally PSI conducts trainings for traditional healers, athletes, and vulnerable women.

III. Successes & Challenges

A) BCC Strategy

Successes:

- Popular sports figures have been involved in the program.
- In January 2004, the SHARP! Education Coordinator developed a new communication strategy.
- After being initially skeptical, community members who reside near the resource centres have shown increased participation in activities.
- There have been successful local events such as football games and beauty pageants to create HIV awareness.
- Participatory methods of the peer educators have shown to be successful.
- Peer educators have a good reputation within the Ministry of Health.
- There has been good participation of male peer educators, especially at the Maputsoe site.

Challenges:

- There is a need to translate materials into Sesotho. Currently, PSI only provides materials in English. SHARP! has developed some brochures in Sesotho, but these brochures are generated on the computer and photocopied.
- It is difficult to target long distance truck drivers, as most taxi, bus and truck companies are privately owned and belong to individuals, rather than big companies. Therefore, individual owners must be convinced to release their employees to attend HIV/AIDS training or activities.
- There were concerns about security in Maputsoe. The television and VCR had to be moved out of the resource centre, and attendance dropped.
- The Corridors of Hope brand is often not conveyed. All billboards and posters have the SHARP! logo instead.
- The Lesotho AIDS Coordinating Body, LAPCA, is not supporting any BCC interventions.
- Messages are not standardized, as materials come from a variety of sources. For example, some materials convey the “ABCDE” message, while others focus on “ABC” prevention messages.
- There is a lack of “visible and practical linkage between cross border programs.” (2003) For example, some messages in Lesotho COH programs may differ from messages used across the border in South Africa.
- Peer educators are not given any incentives, and in the past, have had reports of low morale and minimal supervision. In the first quarter of 2004, the number of peer educators decreased from 160 to 89.
- The program has expanded beyond prevention to include discussions of rape, HIV care and support, nutrition, and orphan issues. However, the peer educators are not trained in these areas.
- CARE has had funding constraints that have resulted in a scale-down of activities.
- CSWs in Maseru are more fragmented, unorganized, and harder to reach.

B) Service Delivery

Successes:

Challenges:

- There is a lack of supply of female condoms.
- There are very few trained counselors for VCT in the country, and no accredited training programs for counselors in the country.
- There is still a great deal of stigma preventing the utilization of services, even after referrals.
- There is a need to expand the SHARP! resource centers to include VCT and STI treatment.
- Public clinics charge a fee for services, which discourages use.

- The home-based care kits are often not replenished.

C) M&E Activities

Successes:

- FHI has been focused on improving its M&E activities, and has had the assistance of a consultant on a regular basis.
- The program currently reports information such as: the number of peer educators, the number of BCC meetings held, the number of individuals reached (by gender), the number of condoms distributed, and the number of home-based carers.
- MEASURE conducted a PLACE study that mapped areas where commercial and casual sex takes place and inventoried whether condoms and/or prevention materials were available. This helped PSI staff learn of many high-risk areas where activities do not currently take place.

Challenges:

- Most of the indicators are quantitative output indicators, and do not include qualitative information. In addition, there is a need for additional outcome indicators.

D) Overall

Successes:

- There are three highly supportive local chiefs.
- There is a perception among project staff that stigma is going down in the community.

Challenges

- There is a great need for more synergy between PSI and FHI/SHARP! activities. For example, the PSI New Start clinics were opened without consideration of the location of SHARP! resource centers and activities. Thus, the clinic in Maputsoe is close to the resource center, but the clinic in Maseru is very far away.
- Beginning in October 2003, CARE funding constraints forced activities to scale down to funding only peer education and resource centre activities.

MALAWI

I. Partners:

- Project HOPE, supported by Family Health International

II. Sites & Activities:

The Malawi HIV/AIDS Cross Border Behavioral Change Program began in June 2001. Mulanje is the only site in Malawi. Activities are held in Mulanje at the Muloza border post, which borders Mulanje district in Malawi, and Milange in Mozambique. The Mulanje district forms part of the major transport corridor of Blantyre-Quelimane. The project targets the community residing around the border post and trading areas of Limbuli and Muloza. Most of the residents are employed in the nearby tea and coffee estates around the town. In the current project, tea estates are not covered. Commercial sex activities are carried out in the bars and rest rooms within Muloza. There are also other sex workers who come from Mulanje town, Mozambique, and to the surrounding villages.

Project HOPE aims to “reduce HIV/AIDS and STI prevalence in the impact area; to increase health seeking behavior for STI treatment and adoption of risk reduction behavior among members of the community; to improve STI management skills by the health workers; and, to increase awareness and demand for voluntary counseling and testing.” The main approach is peer education with target groups, including: commercial sex workers (CSWs), youth in and out of school, and bicycle riders. Clients with STIs are referred to health facilities and VCT is promoted.

The Malawi program is unique due to the relatively low trucking traffic through the COH program site. Rather than a focus on truck drivers, the Mulanje program targets young men between the ages of 18 and 30 who transport people to and from Mozambique and around the project impact area. Currently, the COH primary target groups are CSWs and bicycle riders.

The activities in Mulanje include:

- Peer education
There are 139 active, trained peer educators working with the program. Peer educators conduct meetings, identify STI clients, and distribute condoms.
- Communication Materials
IEC materials from the National AIDS Commission are distributed by peer educators.
- STI Referral
In addition to the RHAP-funded STI clinic in Mulanje, clients are referred to the nearby government health center and mission health center.
- Condom distribution
- “Edzi Toto” Clubs
The program used to support in-school activities and clubs, however, due to lack of support and proper supervision, these activities have been reduced.
- Drop-in resource centers
Drop-in centers have sports, participatory games, educational films, and some limited educational literature such as HIV/AIDS pamphlets. They also distribute condoms.

III. Successes & Challenges

A) BCC Strategy

Successes:

- A project map showing all of the sex work hotspots in Mulanje was developed.
- There is strong support from the Ministry of Health and Population through the district health office.
- Retention of peer educators has improved.

Challenges:

- IEC materials are not adequate or appropriate. A 2003 trip report noted that IEC messages are “in conflict with the culture.” In addition, there is a high illiteracy rate among the target audience.
- Materials are only produced in English, which can only reach a few clients.
- Materials must be adapted to the target group of bicycle riders in the Malawi program.
- It was observed that outreach meetings conducted by peer educators (PEs) are often dominated by PEs. Other approaches, such as one-minute role plays, 10-minute dramas, and picture codes should be emphasized to encourage discussion.
- In 2003, it was observed that PEs needed additional training on interpersonal counseling.
- Out-of-school youth clubs have almost ceased due to lack of support and equipment.

B) Service Delivery

Successes:

- There is a RHAP-funded clinic in Mulanje that provides STI treatment. STI care began in September 2003. There are two other health centers in the catchment area providing STI services.
- STI drugs are supplied by the Ministry of Health, except for needles and syringes, which are purchased by Project HOPE.
- There is a consistent supply of condoms from the district hospital.

Challenges:

- There are no female condoms available for distribution, although the peer educators create demand.
- There are very few men accessing STI treatment.
- There are additional sites in Malawi with greater truck traffic, in addition to the Mulanje site.

C) M&E Activities

Successes:

- The project has created an STI database.
- The project current monitors: number of active peer educators, number of meetings conducted, number of people reached, number of STI clients identified by peer educators, number of clients who attended the STI clinics, number of condoms distributed, and number of IEC materials distributed.
- The project reports the number of clients seen by the RHAP STI clinic, as well as other government and private health centers.
- PSG conducted an M&E capacity building workshop in June 2004.

Challenges:

- There is only one computer at the program site, and it often malfunctions.
- Activity monitoring can be improved. In a June 2003 assessment, it was noted that peer educators give verbal reports, which are compiled into a weekly activity report given to the site coordinator. The problem is that they are likely to report only those activities that they remember, and since it is a verbal report, there is no way to verify that the activity was actually done. It was suggested that PEs use more written records.

MOZAMBIQUE

I. Partners:

- Association of Widows and Single Mothers (AVIMAS), supported by PSI
- Medicos del Mundos Portugal, supported by PSI

II. Sites & Activities:

The Mozambique Corridors of Hope Program was launched in June 2003. Activities take place at four sites: Frigo, Maputo Province, Namaacha, and Ressano Garcia. Frigo is the truck stop in Maputo City where trucks must clear customs.

The main target groups for this program include: truck drivers, miners, uniformed officers, high-risk women, sex workers, and students. Activities are mainly interpersonal communication activities, including:

- Communication Materials
Informational material including pamphlets, brochures, and posters is distributed.
- Peer education
Trained peer educators hold one-on-one meetings with members of the target population to discuss safer sex practices.
- Condom social marketing
Condoms are distributed by project agents and peer educators.

- Drop-in centers
There are drop-in centers in Frigo and Ressano Garcia which provide STI treatment and HIV/STI/RH counseling.

III. Successes & Challenges

A) BCC Strategy

Successes:

- STI brochures are printed in both English and Portuguese.

Challenges:

- There were no promotional activities conducted in April – June 2004, including murals or billboards.
- There were no trainings, workshops, or discussions reported.
- The PSI report does not describe any peer education activities other than one-on-one discussions.

B) Service Delivery

Successes:

Challenges:

- There is limited reporting of the service delivery activities.

C) M&E Activities

Successes:

- The program currently records the number of individuals reached in each target group, number of condoms distributed, number of individuals reached at drop-in centers, and number of pamphlets distributed.

Challenges:

- The Mozambique reporting in the PSI quarterly reports is very weak. For example, the following issues are unclear: whether condoms are sold or distributed for free, the location of condom outlets, peer education activities, and challenges/constraints faced by the program.
- Individuals reached are not reported by gender.
- There is no description of the program goals of the two sub-partners.

NAMIBIA

I. Partners:

- Social Marketing Association (SMA), supported by PSI

II. Sites & Activities:

The Namibia Corridors of Hope program was launched at the end of 2001. However, due to administrative difficulties, the program suspended activities, and did not resume until the last quarter of 2002. The program currently operates in four sites: Caprivi Region, Katima Mulilo, Oshikango, and Walvis Bay. Since the end of the Angolan war, Oshikango has become a vital commercial center, with duty-free areas. There are hundreds of trucks and other vehicles crossing this border on a daily basis. At Katima Mulilo, however, there are only 1 – 2 dozen trucks in the area each day.

The main target groups include: adolescents, long distance truck drivers, fishermen/informal traders, uniformed officials, and vulnerable women.

Activities in this program include:

- Condom social marketing
Condoms are sold through bars and shebeens.
- Promotions
Health awareness activities and promotions are held at schools, bars, border posts, open markets and banks. These activities include police awareness, radio promotions,
- IEC materials development
Materials such as banners, STI leaflets, posters, t-shirts, and caps
- Workshops
Workshops are held with commercial sex workers and immigration officials.

III. Successes & Challenges

A) BCC Strategy

Successes:

- The COH Project Director is currently in consultation regarding serialized radio dramas.

Challenges:

- Working on the Angolan border is challenging, as staff must speak Portuguese as well as the local Namibian language (Oshikango site).
- In June 2003, it was noted that IEC materials were not yet segmented to be suitable for specific target audiences.
- Peer education is not a part of this program.
- Oshikango does not have a coordinator and is difficult to reach. Therefore, activities are limited at this site.
- There is limited emphasis on delayed sexual debut, abstinence (including secondary abstinence), or partner reduction.
- Events in Katima Mulilo and Oshikango are community events, thus there is no audience segmentation, as the entire community can attend.

- There is a need for more materials in Portuguese.
- It has been noted that cultural beliefs are very entrenched in the Caprivi Region.
- There is sporadic participation of community leaders in the program.

B) Service Delivery

Successes:

Challenges:

- There does not appear to be any free condom distribution. Rather, condoms are sold.
- There is no mention of STI or VCT services or referrals.
- Outreach workers need more training in areas such as: interpersonal communication, life skills, promoting male involvement, HIV technical information, and community mobilization.
- There are no medical facilities in Oshikango. The closest facilities are 20 km from the border.

C) M&E Activities

Successes:

- The program currently reports the number of individuals reached in each of the target groups, number of promotions, number of workshops and health awareness activities, number of condoms distributed, and the number of promotional events.

Challenges:

- Individuals reached are not recorded by gender.
- Overall reporting can be strengthened.

SOUTH AFRICA

I. Partners:

- Centre for Positive Care (CPC), funded by FHI
- CARE/Sexual Health and Rights Promotion (SHARP!) Program, funded by FHI
- Society for Family Health (SFH), funded by PSI

II. Sites & Activities:

Centre for Positive Care (CPC) is a community service provider organization funded by FHI to implement the cross-border activities targeting mobile communities, vulnerable women and where possible, uniformed services. CPC first received COH funding in

November 2000. CPC currently runs COH programs in Musina, Doreen, and Groblersburg.

Musina (Note: The name has been changed from Messina to Musina) is a border town approximately 530 km north of Johannesburg; surrounded by farms that mainly employ workers from neighboring countries; diamond and coal mines nearby. Alcohol consumption is a big issue in Musina. Groblersburg is a border post 250km from Messina that is surrounded by farms, on which most of the workers are immigrants from Botswana, Zimbabwe, and Mozambique. Groblersburg also has formal truck stops. Ficksburg and Ladybrand in South Africa border Maputsoe and Maseru in Lesotho, respectively.

CPC activities include:

- Community-based volunteers/Peer education
Volunteers deliver outreach activities to communities and workplaces through one-on-one meetings, dramas, one-minute incomplete role plays, participatory games, and discussions.
- Condom distribution
- Musina Workplace program
- Income generating activities
Peer educators in Doreen are assisted by the Department of Agriculture with income-generating activities.

The overall goal of SHARP! is to protect and promote the livelihood security of individuals and households that are affected by HIV/AIDS. The COH program targets commercial sex workers and their partners, youth (ages 10 – 25), low-income women (street vendors, seasonal farm workers), migrant workers (miners, seasonal farm workers, garment factory workers), police, teachers, nurses, traditional healers, community, doctors and pharmacists. SHARP! is implemented in Ficksburg and Ladybrand by CARE/Lesotho.

SHARP! activities include:

- Peer Education
Peer educators are youth, informal traders, sex workers, and others. They conduct talks and role plays, and distribute condoms.
- Free local condom outlets
These outlets are at non-traditional outlets such as police stations, village chief compounds, shebeens (local bars), petrol stations, and border posts.
- Resource center: 1 in Ficksburg
The resource center holds peer educator meetings, support groups for PLWHAs, a library, video shows, discussions, etc. Condoms are distributed free of charge, and STI referrals are made. The Ficksburg Resource Center is usually frequented by children from the community, many of whom are OVC. In Ladybrand, land has been made available for development of a community center.
- Home based care

Peer educators visit families at least three times per week and provide basic care, including: bathing the patient, changing bed linens, feeding the patient, and cleaning the house.

- STI Referral
- VCT Referral

The Society for Family Health (SFH) program is focused on improving the stocks of condom outlets, condom social marketing, and condom sales. Activities are conducted in three South Africa sites: Musina, Ficksburg, and Ladybrand.

SFH activities include:

- Condom Social Marketing
The promotional team plans condom social marketing events in Musina, with the assistance of CPC peer educators. These events are held at taxi ranks, truck stops, taverns, border posts, sports grounds, schools, and clinics. In Ficksburg and Ladybrand, sites are being mapped to identify the non-traditional outlets.
- Male Condom Sales
Male condoms are sold at all three sites.

III. Successes & Challenges

A) BCC Strategy

Successes:

- Peer educators use participatory methods
- CPC peer educators are identified by their red and white uniforms.
- SHARP! has good participation and retention of male peer educators.
- SHARP! peer educators have helped to develop culturally-appropriate BCC messages.

Challenges:

- Challenge to integrate males into the CPC program
- IEC materials have been consistently unavailable. CPC finally began to develop its own materials.
- It has been very difficult for CPC to maintain male peer educators.
- Truck drivers have expressed that they feel stigmatized when approached by peer educators.
- SHARP! does not develop its own materials, and relies on the local Department of Health and other sources.
- SHARP! must hold monthly follow-up meetings with each cohort of peer educators to review the work of the peer educators, provide feedback, and plan for the next sessions. These meetings are also held to try to maintain the interest of the peer educators in the program.
- SHARP! does not conduct refresher trainings for its peer educators.
- Funding for covering the costs of SHARP! peer educators is very limited.

- PSI has not developed any relevant materials for this program. Instead, the sole focus is condom distribution.

B) Service Delivery

Successes:

- SHARP! has reported an increase in VCT referrals from all sites.
- Ladybrand has strengthened its relationships with local clinics.
- The program works closely with home based care groups in Ladybrand and Ficksburg, and has established a referral system.

Challenges:

- It was noted in June 2003 that there is a perception of low-quality STI services and need to ensure quality training, staffing and organization.
- It was noted in June 2003 that although VCT is available in Ficksburg, referrals are not being made due to concerns about quality.
- There is a felt need to focus on care and support, as there is an increase of people who are becoming ill and OVC who need care.
- There is a gap in service provision for post-test follow up and access to care and treatment.
- There is an inadequate supply of female condoms.
- Although good relationships exist with other NGOs, there is a need to formalize the referral system.
- There have been reported STI drug stockouts at the STD Road Clinic in Musina.

C) M&E Activities

Successes:

- CPC reports the number of BCI meetings, number of individuals reached, number of condoms distributed, and trainings.
- Two CPC project staff attended the Johannesburg M&E conference.
- SFH reports the number of individuals reached at each location.
- CARE/Ficksburg has a data entry clerk on staff.

Challenges:

- Noted in June 2003 that SHARP! could benefit from increased skills in conducting qualitative assessments to monitor the project
- The number of individuals reached is not recorded by gender by CPC.
- SFH does not report individuals by gender.

D) Overall

Successes:

- There has been collaboration between SFH and CPC. One of the site coordinators from CPC was employed by SFH to work as a COH Outreach Officer. This person shares office space with CPC.
- The CARE relationship with SFH has been strengthened through frequent contact and regular meetings.

Challenges

- Some program results, especially in Musina, are impacted by the season. For example, during harvest time, there is an increase in the number of foreign seasonal laborers present. In addition, during Easter and Christmas holidays, the number of people crossing the border increases.
- The Ladybrand COH Office has been closed. However, activities still continue.
- There have been some overall challenges with the SHARP! program. Stakeholders were informed that the program was closing down, rather than scaling down, and time had to be spent maintaining relationships.
- In a trip report of June 2003, it was noted that SHARP! is not a targeted intervention. "Virtually all people in the target are fall into one of the target groups (youth 10-14, 15 – 25; migrants; fathers; mothers; low-income women; women at high risk; and long distance drivers). To maximize the impact of the intervention it is essential to ensure complete coverage with the most epidemiologically significant populations before expanding to lower risk populations."
- There was a plan to hire a full-time site coordinator for CARE/SHARP! activities to cover Ficksburg and Ladybrand, but the person declined the offer.

SWAZILAND

I. Partners:

- Family Life Association of Swaziland (FLAS), funded by FHI
- Population Services International

II. Sites & Activities:

The Corridors of Hope program facilitated by the Family Life Association of Swaziland (FLAS) is entitled the Targeted Prevention for Mobile Populations Project. This project began in Ngwenya in July 2003, with the purpose of facilitating behavior change among mobile populations and youth in Swaziland and along selected border areas. The current goal is to promote behavior change among high risk groups with efforts to increase consistency and correct use of condoms and treatment of sexually transmitted infections. The project has a special focus on female commercial sex workers (CSWs) and their partners, and transport workers, including long distance truck drivers and

kombi drivers. The program currently has activities in four sites: Lavumisa, Ngwenya, Manzini, and Lomahasha.

FLAS activities in Swaziland include:

- Peer education
Peer educators, 80% of whom are commercial sex workers, facilitate community meetings, distribute condoms, attend weekly trainings, and conduct home visits and one-on-one talks. Peer educators visit each site on a weekly basis.
- Condom distribution
Condoms are distributed by peer educators, as well as through condo cans placed in bars, toilets, and border gates.
- STI Referrals
Peer educators refer clients to health centers.

Population Services International began sponsoring activities with the Swaziland COH program in April 2003. PSI targets mainly vulnerable women and truck drivers. The PSI activities are in seven sites in the country, including the four sites in which FLAS works: Lavumisa, Ngwenya, Manzini, and Lomahasha, as well as three additional sites: Mbabane, Matsapha, and Ezulwini.

Manzini and Mbabane are the two largest cities in Swaziland, and have many bars in which truck drivers and CSWs spend time. Most of the CSWs live in the low-income areas and come to the city centre to have sex with truckers and affluent men who frequent the bars. Matsapha is main factory area, attracting many migrant workers. Lavumisa is on Swaziland-South Africa border, and most of the targets are truck drivers, as CSWs are mainly transient. Lomahasha reaches many men, due to the high volume of formal and informal trade. Finally, Ngwenya is on the border with South Africa, and has an average of approximately 800 trucks per month pass through the border. There are some CSWs based at border, but most are transient.

The main PSI activities include:

- Free condom distribution
PSI distributes free unbranded condoms at non-traditional outlets such as hotels, bars, and petrol stations.
- Condom sales
PSI works through retailers and wholesalers in all seven COH sites. Female condoms are also sold by CSWs.
- Condom social marketing
- Communications materials development
Materials include billboards, road signs, posters, informational brochures and bus and taxi stickers on five topics: tuberculosis, care and support, STIs, HIV/AIDS, and condoms.
- Promotional events
PSI sponsors events such as condom negotiation trainings for vulnerable women, truck drivers, and hair salon workers. They also sponsor soccer tournaments and radio dramas.

III. Successes & Challenges

A) BCC Strategy

Successes:

- Peer educators (PEs) are in uniform, so they can be easily noticed in the communities in which they work.
- Peer educators have a low attrition rate. They are given monthly stipends and uniforms (track suits, t-shirts, sneakers), and are constantly monitored. In addition, PEs are given an honoraria if they maintain a certain target.
- The stigma attached to CSWs who are peer educators has subsided.
- There have been unconfirmed reports that some PEs have stopped their commercial sex work due to their commitment to the program.
- PEs attend weekly trainings during which they can discuss project-related issues as well as personal challenge.
- The areas have been mapped to identify all sex work hot spots in the area.
- The use of participatory outreach methods by PEs has been successful.

Challenges:

- In the March 2003 assessment, it was noted that peer educators were not being adequately trained. Even now, peer educators are approached by community members for counseling sessions. It is critical that they receive proper training or referral skills for these contacts.
- There is a need to find a way to encourage peer educators to make personal behavior change. For example, in one quarter, three peer educators got pregnant, even though they promote the use of condoms. There are no program guidelines on how to address this situation.
- Commercial sex work is illegal in Swaziland. The police are known to hassle CSWs.
- In March 2003, it was noted that the number of people that can be reached by the peer educators is very low compared to the site population. Peer educators are afraid to go out in the evening.
- Some community members fear that the program is for sex workers and truck drivers only, and will not attend activities.
- Peer educators do not have any materials to use during outreach except for condoms. All demonstrations are strictly verbal, with no illustrations. (March 2003)
- PEs identify a target person, usually at a bar or shopping center, then begin a discussion. However, people are not always willing to participate, and numbers of sex workers or truckers reached can be low due to this approach.
- None of the key informants in a November 2003 assessment felt that the prevention efforts were enough to change behavior.

- A November 2003 assessment noted that messages and approaches are Western-oriented and inappropriate for the Swazi context.
- The ABC approach used in Swaziland has been unbalanced.
- Stigma, myths, and misconceptions about HIV/AIDS are still frequent.
- Mass media messages have been mixed (for example: condom promotion vs. delayed debut).
- PSI materials are not language-appropriate or target-group specific.

B) Service Delivery

Successes:

- There is an adequate supply of male condoms.
- The project receives government support,
- FLAS won an agreement in the second quarter of 2004 to provide mobile STI treatment services in Ngwenya and Lavumisa.
- The number of PSI condom outlets has almost doubled over the past year, and the number of condoms distributed has tripled.
- The community mobilization efforts of peer educators to promote VCT have shown positive results.

Challenges:

- Prostitution is illegal in Swaziland.
- During winter months, fewer people access services.
- Both FLAS and PSI note that there is an inadequate supply of female condoms, which are popular in all project sites.
- There is uneven STI drug availability at project sites.
- PSI does not include any VCT promotion activities.
- There is a lack of male participation and access to services.
- There is high mobility of clients between urban and rural areas.
- Lack of confidentiality and limited hours of operation have been noted as reducing clinic service uptake.

C) M&E Activities

Successes:

- FLAS has developed structured process indicator forms to track information.
- FLAS peer education activities are monitored through quality and information checklists used on a daily basis.
- FLAS records: number of BCC meetings held, number of people reached, number of condoms distributed, and number of people referred to nearby clinics.
- PSI records: number of condom outlets, number of condoms distributed, number of each communication material, and number of promotional events.

Challenges:

- A March 2003 assessment noted that the monitoring of peer educator activities is weak. Monitoring was done by the project coordinator who came to the site at the end of each month to collect the monitoring forms.
- In a November 2003 assessment, it was recommended that there be increased monitoring of STI treatment.

ZAMBIA

I. Partners:

- IMPACT/Family Health International
- Society for Family Health (SFH), funded by Family Health International
- World Vision/Zambia (WVI), funded by Family Health International
- Zambia Health Education Trust (ZHECT), funded by FHI
- Japanese International Cooperation Agency (JICA) also provides funding

II. Sites & Activities:

The Zambia Cross Border Initiative (CBI) began in 1999, with support from USAID and JICA. Phase II of the program began in April 2003. There are currently ten program sites, including seven border sites: Chipata, Chanida/Katete, Chirundu, Kasumbalesa, Kazungula, Livingstone, and Nakonde, and three inland sites: Kapiri Mposhi, Ndola, and Lusaka. Chipata, Ndola, and Lusaka are new sites. Chirundu has Zambia's largest commercial sex industry.

The overall goal of the program is to reduce the transmission of HIV and STIs amongst high-risk groups with particularly high rates of HIV transmission. Three primary foci of CBI are: 1) condom promotion; 2) STI service provision; and 3) behavior change communication. The primary targets of CBI are CSWs and their partners. The secondary targets include: school age youth, truck drivers, uniformed officials, fishermen and fish traders, informal traders (money changers), and patrons of high-risk settings. There is currently a total of 134 COH staff.

The Cross Border Initiative (CBI) is unique in the way that FHI and PSI collaborate. In this program, FHI gives funding directly to PSI. Thus, PSI reports its activities and achievements to FHI. The responsibility of the BCC activities is shared between WVI and SFH. The program is also unique in that peer educators are paid as full-time employees. Thus, there are fewer peer educators than in other country programs.

Finally, the Zambia Health Education Trust (ZHECT) was brought on board to create a workplace initiative targeting trucking companies.

CBI Activities include:

- Drop-in centers
Drop-in centers provide STI services, including Rapid Plasma Reagent (RPR) tests for syphilis screening. The project uses presumptive treatment and syndromic management of STIs. Centers also provide information on STIs, counseling, and edutainment. There are 'Blue House' drop-in centers in Chirundu and Nakonde.
- Voluntary Counseling and Testing
- Behavior Change Communication
- Condom social marketing (male and female)
- Condom distribution
Condoms are distributed at non-traditional outlets, including: bars, night clubs, gas stations, guesthouses, brothels, and hotels.
- Promotional Activities
Promotional activities include mobile video shows, training sessions/workshops, bar, care, and home based meetings, night promotion events, edutainment, and focus group discussions. In addition, the program conducts outreach events such as the "Miss Hope" beauty pageant for women living with HIV/AIDS.
- 'Queen Mother' meetings
'Queen Mothers' are usually older, more established, and influential CSWs
- Materials distribution
Materials include posters, brochures, cassettes, bottles, etc.
- Trucking company workplace initiative

III. Successes & Challenges

A) BCC Strategy

Successes:

- Zambia adopted messages and materials to harmonize with the Corridors of Hope theme "Together We Win."
- Drama groups present creative and new messages that maintain audience interest.
- IEC materials have been customized for the target audiences. Materials address risk behavior, self-esteem, myths and misconceptions.

Challenges:

- In Chirundu, high alcohol consumption is related to risky behavior.
- There are no IEC materials available for the CARE female condom.

B) Service Delivery

Successes:

- During the quarter of April – June 2004, staff participated in an STI update workshop focused on treatment protocols and syphilis screening using Rapid Plasma Reagent tests.
- Rapid Plasma Reagent (RPR) tests are available to CSWs at the drop-in centres.
- The socioeconomic factors that impact commercial sex work are being addressed through NGOs who focus on income-generation activities.
- VCT was introduced at four pilot sites: Nakonde, Kasumbalesa, Kapiri Mposhi and Chirundu.
- All drop-in centers have on-site VCT services with counselors for pre and post-test support.
- It was determined that CSWs prefer single-dose STI treatment, which has been taken into account, where possible.
- All COH sites have access to STI clinics offering family planning, diagnosis of STIs, and treatment.
- There is a high level of government acceptance and support.
- In the first quarter 2004, STI management guidelines and flowcharts, and a training manual was developed.
- All ten project sites focus on early detection and treatment of curable STIs.

Challenges:

- There have been reported stockouts of promotional materials.
- There is an inadequate supply of CARE female condoms.
- CARE female condoms are very costly.
- Sex workers are illegal.
- FHI notes that almost all sites report inconsistent use of condoms among CSWs, who still opt to have unprotected sex with permanent partners and clients who offer more money for “live” (unprotected) sex.
- FHI reports a non-compliance to STI treatment among CSWs who do not complete treatment, and who share treatment with friends and partners.
- The Chipata site reopened after closure due to low numbers of long distance truck drivers. It was reopened at the request of the Chipata District Health Management Team due to large numbers of female sex workers.

C) M&E Activities

Successes:

- CBI currently reports data such as: number of meetings, number of client contacts (by gender), topics covered during meetings, condom use among CSWs, high risk behaviors, staff trainings, number of clients treated for STIs, number of CSW partners treated for STIs, condom distribution, referrals, drop-in center activities
- Referral slips were reintroduced to record referrals.
- Data collection tools for outreach workers were revised in the first quarter of 2004.

- A consultant provided refreshed database training for data entry staff in the first quarter of 2004.

Challenges:

ZIMBABWE

I. Partners:

- Hope Humana Development Aid from People to People (DAPP), funded by PSI
- Project Support Group (PSG)

II. Sites & Activities:

The Corridors of Hope Program in Zimbabwe began in early 2002. Population Services International implements the program through the Project Support Group (PSG) in Chirundu, Hwange, Kazungula, Mutare, Victoria Falls, and Plumtree, and through Hope Humana Development Aid from People to People (DAPP) in Nyamapanda and Beitbridge.

PSG provides technical support to the program. In addition, funds are used to provide grants to PSG implementing partners. DAPP provides technical services and personnel for community health stations in its two project sites, and also conducts outreach activities. The target groups for the Zimbabwe program include: uniformed officers, vulnerable women, truck drivers, informal traders, and adolescents.

The Zimbabwe program activities include:

- Peer education
The Mutare HIV Prevention Project is the largest and longest-running peer education program in Zimbabwe. However, the PSI report does not explain whether the COH involvement with the program.
- Communication activities
This includes workplace activities, mobile video shows, home meetings, poster campaigns, sports tournaments, soap operas, and candlelight memorials. Some of the topics include: child abuse, STIs, HIV/AIDS, VCT, positive living, home-based care, negotiation skills, and the way HIV/AIDS affects marriage.
- Male and female condom sales
- Male and female condom distribution
- Condom social marketing
- Drop-in centers
There are drop-in centers located in Chirundu, Beitbridge, and Nyamapanda.

III. Successes & Challenges

A) BCC Strategy

Successes:

- The soap opera “Studio 263” has the highest viewership of any television show in Zimbabwe.
- PSI produces a talk show entitled “This is Life.”

Challenges:

- There is a very limited description of the BCC program in Zimbabwe.

B) Service Delivery

Successes:

- STI treatment is only available at RHAP-funded late-night clinics.

Challenges:

- There was no mobile VCT conducted in April – June 2004.

C) M&E Activities

Successes:

- PSI monitors soap opera viewership and the messages picked up from the show.

Challenges:

- The reporting of the Zimbabwe program is limited to quantitative indicators such as the number of individuals reached and the number of activities. It would be helpful to have more information describing the program, and identifying program constraints.

APPENDIX A: LIST OF DOCUMENTS FOR CORRIDORS OF HOPE ASSESSMENT

List of Documents for COH Assessment (chronological order)

Reviewed?	Document	Date
	Lesotho and Swaziland: HIV/AIDS Risk Assessments at Cross-Border and Migrant Sites in Southern Africa. David Wilson and Family Health International. 2001.	2001
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. July - December 2001	July - Dec 2001
	Malawi Cross Border HIV/AIDS Project Baseline Survey. Project HOPE. November 2001.	November 2001
X	Corridors of Hope Quarterly Report (October - December 2001). Population Services International	Oct - Dec 2001
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. January - March 2002.	Jan - March 2002
X	Corridors of Hope Quarterly Report (April - June 2002). Population Services International.	April - June 2002
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. April - June 2002.	April - June 2002
	Mid-Term Review of the SHARP! Programme for CARE/Lesotho and South Africa. David Wilson. August 2002.	Aug-02
X	USAID Regional HIV/AIDS Program Southern Africa Project Report 2002.	September 2002
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. September - December 2002.	Sept - Dec 2002
X	Corridors of Hope Quarterly Report (October - December 2002). Population Services International.	Oct - Dec 2002
X	RHAP in 2003. http://www.rhap.org.za/article/2003/103	2003
X	Corridors of Hope Quarterly Report (January - March 2003). Population Services International.	Jan - Mar 2003
X	Corridors of Hope Quarterly Report (April - June 2003). Population Services International	Apr - June 2003
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. April - June 2003.	Apr - June 2003
X	IMPACT/RHAP Behavior Change Communication Workshop for RHAP Implementing Partners Report. Program for Appropriate Technology in Health (PATH). June 2003	June 2003
X	IMPACT/RHAP HIV/AIDS Peer Education Project Planning, Management and Monitoring Course for RHAP Implementing Partners - Harare, Zimbabwe. Project Support Group. July 2003.	July 2003
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. July - September 2003	July - Sept 2003
X	Corridors of Hope Quarterly Report (July - Sept 2003). Population Services International	July - Sept 2003
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. July - September 2003.	July - Sept 2003
X	IMPACT/RHAP Monitoring and Evaluation Course for Regional HIV/AIDS Program Implementing Partners - Harare, Zimbabwe. Project Support Group. September 2003.	September 2003

	The Psychosocial Context of Sex Work: Report on the Formative Assessment for the Zambia Cross Border Initiative. Wendy Fisher. September 2003.	September 2003
	Preliminary Report: A Three Country HIV And AIDS Communication Situational Analysis: Lesotho, Namibia, and Swaziland. Health Communication Partnership. November 2003.	November 2003
	Regional HIV/AIDS Program, Southern Africa Strategy Design Meeting: Stakeholders. November 2003.	November 2003.
X	Corridors of Hope Quarterly Report (Oct - Dec 2003). Population Services International	Oct - Dec 2003
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. October - December 2003.	Oct - Dec 2003
	Interim Final Evaluation Report for the Sexual Health and Rights Promotion (SHARP!) Program. Alfred Mwenifumbo. December 2003.	Dec-03
X	RHAP COH Country Factsheet: Zambia. http://www.rhap.org.za/resources/196.pdf . Date???	
	POLICY Project Quarterly Country Report. January - June 2004.	Jan - June 2004
X	Corridors of Hope Quarterly Report (Jan - March 2004). Population Services International	Jan - March 2004
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. January - March 2004.	Jan - March 2004
X	USAID/South Africa Regional HIV/AIDS Strategy Issues Paper. Date?	
	HIV/AIDS in truck driver populations in Southern Africa: A Review of Literature and BCC Materials. Date?	
	RHAP BCC Meeting Notes. March 31 - April 2, 2004	March 2004
X	USAID/RHAP Review of HIV/AIDS Strategic Plan 2004 - 2008, Notes from Issues Meeting. April 2004	April 2004
X	USAID/RHAP HIV/AIDS Strategic Plan Southern Africa: FY2004 - 2008. May 2004	May 2004
X	Corridors of Hope Quarterly Report. Population Services International. April - June 2004	Apr - June 2004
X	Regional HIV/AIDS Program: Southern Africa Quarterly Report. Family Health International. April - June 2004	April - June 2004
	Corridors of Hope Behavior Change Communication Strategy. AED, FHI, JHU, PSI. June 2004	June 2004
X	Behavior Change Communication Strategy for Corridors of Hope. June 2004	June 2004
X	RHAP Revises BCC Strategy Meeting - Next Steps. USAID. August 2004.	August 2004
X	Minutes of the BCC Meeting held on Friday, August 20.	August 2004
X	US Government Rapid Appraisal for HIV/AIDS Program Expansion: Lesotho. USAID and CDC. September 2004.	September 2004
X	Corridors of Hope Revised Behavior Change Communication Strategy and Implementation Calendar. Health Communication Partnership. September 2004.	September 2004
	The Regional HIV/AIDS Programme: Report of an Assessment and Mapping of VCT, STI, TB and Family Planning Services in the 'Corridors of Hope' Project Sites in Lesotho, Malawi, South Africa, Swaziland and Zimbabwe. John Kadzandira and William Muhwava. October 2004.	October 2004
	Women who Engage in Transactional Sex and Mobile Populations in Southern Africa: Literature Review. October 26, 2004.	October 2004
X	USAID/RHAP HIV/AIDS Strategic Plan Southern Africa: FY2004 - 2008. October 2004	October 2004

	Corridors of Hope BCC Strategy Update. October 2004	October 2004
	Draft Strategic Framework Southern Africa HIV/AIDS. November 2004.	November 2004
X	Workplan for RHAP COH Activities FY2005: October 2004 - September 2005. Family Health International.	Oct 2004 - Sept 2005
X	Corridors of Hope Revised Behavior Change Communication Strategy and Implementation Calendar. Health Communication Partnership. November 2004.	November 2004
X	Corridors of Hope Workplans: Oct 1 2004 - Sept 30 2005. Population Services International	2005

	Presentations	Date
X	RHAP Partners Meeting, Cape Town, South Africa. September 2002.	September 2002
X	Southern Africa Regional HIV/AIDS Program 2004.	2004
X	Regional HIV/AIDS Program, Southern Africa Regional program meeting 3/31/2004. March 2004	March 2004
X	Regional HIV/AIDS Program (RHAP) Southern Africa Strategy Review. April 2004.	April 2004
X	Core Messages: Sex Workers. Who??? April 2004	April 2004
	A New BCC Strategy: What it Means for Implementers. April 2004	April 2004
X	Regional HIV/AIDS Programme Southern Africa. April 2004	April 2004
	Lesotho's Strength is its People: A Rapid Appraisal of Home Based Care: Summary Report. Family Health International. April 2004	April 2004
X	Corridors of Hope: Presentation to USAID. Population Services International. August 2004.	August 2004
	RHAP/Corridors of Hope in Southern Africa: FHI/IMPACT Activities. August 2004	August 2004
X	USG: Rapid Appraisal for HIV/AIDS Program Expansion, Lesotho Debrief	October 2004
X	USG: Rapid Appraisal for HIV/AIDS Program Expansion, Swaziland Debrief	October 2004
x	Corridors of Hope BCC Strategy and Implementation Calendar. November 2004.	November 2004

APPENDIX B: MAP OF CORRIDORS OF HOPE SITES
CORRIDORS OF HOPE REGIONAL HIV/AIDS PROGRAM
SITE MAP

November 2004



Missing from Map:

Doreen, South Africa
 Frigo, Mozambique
 Groblersburg, South Africa
 Kasumbalesa, Zambia
 Kazungula, Zimbabwe
 Maputo Province, Mozambique
 Matsapha, Swaziland
 Noordgrens, South Africa
 Ressano Garcia, Mozambique



APPENDIX C: CHRONOLOGY OF FAMILY HEALTH INTERNATIONAL (FHI) CORRIDORS OF HOPE SITES

	July - Dec 2001	Jan - Mar 2002	Apr - June 2002	Sept - Dec 2002	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
Lesotho									
Sites	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe Mafeteng	Maseru Maputsoe Mafeteng	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe
Partners	CARE/Lesotho: Sexual Health and Rights Promotion (SHARP!) Program Sechaba Consultants for BSS AFRIBIKE								
Notes	*no M&E program yet *need Lesotho-specific volunteer manual	*M&E training conducted	*BSS survey finalization		*Challenge to sustain PEs *Mafeteng site closed		*CARE budget constraints; now only funding PE and resource center activities *new materials in Sesotho	*CARE scale down *PEs decreased from 160 to 89 this quarter	
Malawi									
Sites		Mulanje		Mulanje	Mulanje	Mulanje	Mulanje	Mulanje	Mulanje
Partners		Project HOPE							
Notes		*developed workplan; hired project coordinator and trainer *official launch - April	*no report received this quarter	*trained CSWs as PEs *STI services not started yet		*STI Provider/Health Educator hired *IEC materials in English *zoning			*Shortage of IEC materials
South Africa									
Sites	Messina Pontdrift Platjan Zanzibar Groblersburg	Messina Groblersburg	Messina Groblersburg Ficksburg Ladybrand	Messina Groblersburg Ficksburg Ladybrand Martins Drift	Messina Groblersburg Ficksburg Ladybrand Martins Drift	Messina Groblersburg Ficksburg Ladybrand		Musina Groblersburg Noordgrens Doreen Ficksburg Ladybrand	Musina Groblersburg Noordgrens Doreen Ficksburg Ladybrand

	July - Dec 2001	Jan - Mar 2002	Apr - June 2002	Sept - Dec 2002	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
Partners	Centre for Positive Care (CPC) Project Support Group - Zimbabwe AFRIBIKE - Musina CARE/South Africa: Sexual Health and Rights Promotion (SHARP!) Program							SFH/SHARP! in Ficksburg & Ladybrand; CPC in Musina, Doreen,Norgrens	
Notes			*CARE - Ficksburg and Ladybrand			*Platjan and Zanzibar sties stopped in July due to new labour laws and empty borders *new truck stop opened in Messina *deliberate decrease in role of PEs	*looking to fund drop-in centre in Groblersburg	*RHAP director hired; based in Pretoria *Ladybrand office closed, but activities continue	
Swaziland									
Sites				site not named	*no activities	Lavumisa Ngwenya Lomahasha	Lavumisa Ngwenya Lomahasha	Lavumisa Ngwenya Lomahasha	Lavumisa Ngwenya Lomahasha Manzini
Partners			Family Life Association of Swaziland (FLAS) - BSS						
Notes			*BSS survey finalization	*activities conducted	*FLAS activities on hold this quarter, waiting for TA from PSG *actiivites closed out in Manzini; refocused	*80%of PEs are CSWs *issue of stigma for CSWs	*inadequate supply of female condoms *PEs want gloves for HBC		*new site in Manzini
Zambia									
Sites	Chirundu	Chirundu Livingstone Nakonde Chipata	Chirundu Livingstone Nakonde Chipata Kazungula	Chirundu Livingstone Nakonde Chipata	Chirundu Livingstone Nakonde Kazungula	Chirundu Livingstone Nakonde Kazungula	Chirundu Livingstone Nakonde Kazungula	Chirundu Livingstone Nakonde Chipata Kazungula	Chirundu Livingstone Nakonde Chipata Kazungula

	July - Dec 2001	Jan - Mar 2002	Apr - June 2002	Sept - Dec 2002	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
			Kasumbalesa Kapiri Mposhi		Kasumbalesa Kapiri Mposhi Chanida/Katete	Kasumbalesa Kapiri Mposhi Chanida/Katete	Kasumbalesa Kapiri Mposhi Chanida/Katete	Kasumbalesa Kapiri Mposhi Chanida/Katete Lusaka Ndola	Kasumbalesa Kapiri Mposhi Chanida/Katete Lusaka Ndola
Partners	World Vision International (WVI) Society for Family Health (SFH) (JICA - peer education) new: Zambia Health Education Trust (ZHECT)								
Notes		*Project Manager resigned	*Kazungula made an independent site	* hired Cross Border Initiative Project Manager * two PEs dismissed * lack of youth iEC materials	* WVI relaunched the Cross Border Initiative: April 2003 * WVI replaced PEs with paid outreach workers * lack of STI drugs	*all drop-in centers equipped with recreational facilities	*new shift to community-centered BCC	*3 new sites! Chipata reopened	* RPR tests now available at drop-in centres * VCT was introduced at four pilot sites: Nakonde, Kasumbalesa, Kapiri Mposhi and Chirundu

APPENDIX D: CHRONOLOGY OF POPULATION SERVICES INTERNATIONAL (PSI) CORRIDORS OF HOPE SITES

	Oct - Dec 2001	Apr - June 2002	Oct - Dec 2002	Jan - March 2003	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
Lesotho									
Sites	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe	Maseru Maputsoe
Partners	Population Services International								
Notes	* still in planning stages	* 2 PEs discontinued for non-performance			*funding ended Dec 02; resumed April 03	*Materials not available in Sesotho		*SHARP winding down	*no female condoms *CARE manager retrenched
Mozambique									
Sites						Frigo Ressano Garcia Namaacha	Frigo Ressano Garcia Namaacha	Frigo Ressano Garcia Namaacha	Frigo Ressano Garcia Namaacha Maputo Province
Partners						Association of Widows and Single Mothers (AVIMAS) Medicos del Mundos Portugal			
Notes						*launched July 2003			
Namibia									
Sites	Walvis Bay Katima Mulilo, Caprivi	--- ---	Katima Mulilo, Caprivi	Walvis Bay Katima Mulilo, Caprivi	Walvis Bay Katima Mulilo, Caprivi Oshikango	Walvis Bay Caprivi Region Oshikango	Walvis Bay Caprivi Region Oshikango Swakopmund	Walvis Bay Katima Mulilo, Caprivi	Walvis Bay Katima Mulilo Caprivi Oshikango
Partners	Social Marketing Association (SMA)								
Notes	* still creating workplan	*program at standstill - administrative difficulties	* resumed very basic activities *COH coordinator passed away	*Oshikango office planned to open in May *hired new project coordinator	* cross-border police football competition with Botswana and Zambia	* new Caprivi coordinator	*search for regional coordinaor *no Namibia-specific IEC materials		*search for new office in Walvis Bay

	Oct - Dec 2001	Apr - June 2002	Oct - Dec 2002	Jan - March 2003	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
Notes				*SADC begins "Cross Border Sites & High Transit Areas program (DFID, MSI)	* Oshikango office open		*bridge opening between Zambia and Namibia at Katima Mulilo		
South Africa									
Sites	Messina	Messina	Messina	---	---	---	---	Musina Ficksburg Ladybrand	Musina Ficksburg Ladybrand
Partners	Society for Family Health								
Notes			* improved SFH CPC relationship	*no activities; funding not yet approved	*no activities	*no activities	*no activities	*funding approved Nov 03	*Coordinators hired in Ficksburg and Musina
Swaziland									
Sites					Manzini Mbabane Matsapha Ezulwini Oshoek/Ngwenya Lavumisa Lomahasha	Manzini Mbabane Matsapha Ezulwini Ngwenya Lavumisa Lomahasha	Manzini Mbabane Matsapha Ezulwini Ngwenya Lavumisa Lomahasha	Manzini Mbabane Matsapha Ezulwini Ngwenya Lavumisa Lomahasha	Manzini Mbabane Matsapha Ezulwini Ngwenya Lavumisa Lomahasha
Partners					Population Services International				
Notes					*began April 2003; launch July 2003	*unable to set up STI referral yet	*marketing manager leaves		*lack of STI drugs * lack of female condoms
Zambia									
Sites	Chirundu	Chirundu Livingstone/ Kazungula Nakonde	Chirundu Livingstone/ Kazungula Nakonde	Chirundu Livingstone/ Kazungula Nakonde	Chirundu Livingstone/ Kazungula Nakonde	Chirundu Livingstone Kazungula Nakonde	Chirundu Livingstone Kazungula Nakonde	Chirundu Livingstone Kazungula Nakonde	Chirundu Livingstone Kazungula Nakonde

	Oct - Dec 2001	Apr - June 2002	Oct - Dec 2002	Jan - March 2003	Apr - June 2003	July - Sept 2003	Oct - Dec 2003	Jan - March 2004	Apr - June 2004
							Kasumbalesa Kapiri Mposhi Chanida (Katete)	Kasumbalesa Kapiri Mposhi Chanida (Katete)	Kasumbalesa Kapiri Mposhi Chanida (Katete) Chipata Ndola Lusaka
Partners	Society for Family Health								
Notes		*Chirundu site coordinator fired for withholding funds	*SFH Site Coordinator returned from study abroad			*launch of new Project Phase 2003 - 2008 * begin reporting Kaz separately	*met with PSI affiliate in DRC for good border relations		*3 new sites
Zimbabwe									
Sites	Beitbridge Chirundu Vic Falls Mutare Hwange	Beitbridge Chirundu Victoria Falls Mutare Hwange	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree	Beitbridge Chirundu Victoria Falls Mutare Hwange Kazungula Nyamapanda Plumtree
Partners	Project Support Group (PSG)		Hope Humana Development Aid from People to People (DAPP) in Beitbridge Hope Humana Development Aid from People to People (DAPP) in Nyamapanda						
Notes	*baseline study in Kazungula	*official launches for Chirundu, Vic Falls, Mutare, Hwange		* MEASURE Evaluation visited Mutare and Beitbridge (Feb 2003)	* STI services begin in Nyamapanda and Plumtree		*Low supply of STI treatment drugs	*Low supply of STI treatment drugs	*no VCT mobile outreach this quarter

APPENDIX E: SUB-PARTNER BUDGET INFORMATION

Family Health International COH Subagreements

Recipient Organization	Start Date	End Date	LOP Budget	Notes*
Center for Positive Care	11/1/2000	11/31/04	\$432,214	Renewal of subagreement to Sep-05 in process
CARE Lesotho	10/15/2000	5/31/2005	\$1,181,827	Subagreement will be renewed to Sep-05
FLAS (Family Life Association of Swaziland)	5/1/2002	3/31/2005	\$273,612	Subagreement will be renewed to Sep-05
Project Hope Malawi	7/1/2001	3/31/2005	\$526,773	Subagreement will be renewed to Sep-05
Project Support Group/SA	3/1/2003	2/28/2005	\$279,000	Subagreement will be renewed to Sep-05
World Vision Center Phase II (Zambia)**	4/1/2003	3/31/2007	\$1,400,000	Funding mechanism now PEPFAR

* All renewals up to Sep-05, end of current RHAP funding

**Split funded w/ 84178 (FHI/Zambia). Total agreement amount \$3,440,000

Population Services International COH Subagreements

Recipient Organization	Start Date	End Date	Budget
Hope Humana Development Aid from People to People (DAPP)			\$70,000
Project Support Group (PSG)			\$70,000

APPENDIX F: SITE VISIT REPORTS

1. Swaziland: Janean
2. Lesotho: Janean
3. Musina, South Africa: Janean
4. Zimbabwe: Karin
5. Zambia: Karin